

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method for making biochips.

the specification of which: (check one)

REGULAR OR DESIGN APPLICATION

- ☐ is attached hereto.
- ☐ was filed on _____ as application Serial No. _____ and was amended on _____ (if applicable).

PCT FILED APPLICATION ENTERING NATIONAL STAGE

- ☒ was described and claimed in International application No. PCT/FR03/02318 filed on juillet 22, 2003 and as amended on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

| Country | Application Number | Date of Filing (day, month, year) | Priority Claimed |
|----------|--------------------|--------------------------------------|------------------|
| FRANCE ✓ | 0209456 ✓ | 25 juillet 2002 ✓ | Yes |
| | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below:

| Application No. | Filing Date | Status (patented, pending abandoned) |
|--|-------------|--------------------------------------|
| (Complete this part only if this is a continuing application.) | | |

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| Application No. | Filing Date | Status (patented, pending abandoned) |
|-----------------|-------------|--------------------------------------|
|-----------------|-------------|--------------------------------------|

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoit CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, and Liam MCDOWELL, Reg. No. 44,231,

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Customer Number

00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00 Full name of sole or first inventor: TELLIER Charles

Inventor's signature: [Signature] Date: 7/3/05

Residence: 3, rue du plongeon - 44130 NOTRE DAME DES LANDES - France FRX Citizenship: France ✓

Post Office Address: (the same as above)

2-00 Full name of second joint inventor, if any: PIPELIER Muriel

Inventor's signature: [Signature] Date: 7/3/05

Residence: 29, avenue de l'Engoulevent - 44300 NANTES - France FRX Citizenship: France ✓

Post Office Address: (the same as above)

3-00 Full name of third joint inventor, if any: DUBREUIL Didier

Inventor's signature: [Signature] Date: 7/3/05

Residence: 7, La Boulaye - 44710 PORT SAINT PERE - France FRX Citizenship: France ✓

Post Office Address: (the same as above)

4-00 Full name of fourth joint inventor, if any: BUJOLI Bruno

Inventor's signature: [Signature] Date: 7/3/05

Residence: La Basse Bodinière - 44240 SUCE SUR ERDRE - France FRX Citizenship: France ✓

Post Office Address: (the same as above)

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500 Full name of fifth joint inventor, if any: TALHAM Daniel.

Inventor's signature: *h. Talham* Date: 21/02/05

Residence: 1040 NE 5th Terr. - Gainesville, FL 32601 - Citizenship: U.S.A. ✓
U.S.A. FL

Post Office Address: (the same as above)

Full name of sixth joint inventor, if any: _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of seventh joint inventor, if any: _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of eighth joint inventor, if any: _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of ninth joint inventor, if any: _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____